

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer: Atlantic County Special Services Board of Education County: Atlantic
 Employee Organization: Atlantic County Special Services Education Association Employees in Unit: 288
 Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term: 7/1/2010 6/30/2013
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year · Total Costs (Last Year of Previous agreement)	Column B New Base Year · Total Costs (First Year of Successor agreement)	
Section II: Economic				
Item 1	Salary	<u>\$12,993,815</u>	<u>\$12,993,815</u>	
Item 2	Increment		<u>\$390,243</u>	
Item 3	Longevity			
Item 4				
Item 5				
Item 6	:			
Item 7				
Item 8				
Item 9				
Item 10				
Item 11				
Item 12				
Any additional items list on separate sheet	Additional Items			
Section III: Totals • Sum of costs in each column		<u>\$12,993,815</u>	<u>\$13,384,058</u>	
		(Total)	(Total)	

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$12,993,815

Effective Date (m/d/yyyy)	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>	.....	.....	.....
Percent Increase	<u>3%</u>	<u>3%</u>	<u>3%</u>	.....	.....	.....
Total cost of increase ..	<u>\$390,243</u>	<u>\$401,512</u>	<u>\$413,223</u>	.....	.....	.....
Total base salary (successor agreement)	<u>\$13,384,058</u>	<u>\$13,785,570</u>	<u>\$14,198,793</u>	.....	.....	.....

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.00
 Dollar Impact (average per year over term of agreement) \$1,204,978.00

Section VIHealth Insurance (Indicate costs associated on each line)

	Base Year	Year f	
Cost of Health Plan	<u>\$2,346,083</u>	<u>\$2,580,434</u>	.....
Employee Contributions	<u>\$0</u>	<u>\$169,110</u>	.....
Prescription	<u>\$690,498</u>	<u>\$704,708</u>	.....
Dental	<u>\$163,995</u>	<u>\$170,283</u>	.....
Vision	<u>\$0</u>	<u>\$0</u>	.....

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**Section VII**

Prepared by:

Lisa Mooney

Title: Business Administrator

Print Name

Date: 5/30/2012

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2010 thru 6/30/2013.

Employer: Atlantic County Special Services

County: Atlantic

Date: 5/30/2012

Name: Lisa Mooney

Print Name

Title: Business Administrator


Signature